

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: ACCU-TECH SYSTEMS, INC
BUSINESS STREET ADDRESS: 4785 SW 61 AVE DAVIE FL ZIP 33314
BUSINESS MAILING ADDRESS: SAME ZIP 33314
BUSINESS PHONE: 954-791-4544
DESCRIBE TYPE OF BUSINESS: PLUMBING
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|--|-----------------------|-----------------|---------------------------------|
| 1. <u>WAYNE D HARKER</u> <u>PRES.</u> | <u>4785 SW 61 AVE</u> | <u>DAVIE FL</u> | <u>591-8778</u> <u>33314</u> |
| 2. _____ | _____ | _____ | _____ |

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

WAYNE D HARKER (PRES.) [Signature]
Print Owner or Officers Name and Title Signature of Owner or Officer

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|---|------------------------|--|--|
| Office Use Only: Date <u>10/13/99</u> Category <u>05804</u> Fee <u>78.75</u> Rec# <u>412678</u> New <input checked="" type="checkbox"/> Trans. <input type="checkbox"/> | | | |
| License # <u>00-13003</u> | Control # <u>11174</u> | Zoning <u>A-1</u> | |
| Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | Zoning Approval <input type="checkbox"/> Date <input type="checkbox"/> | |
| Town Council Date <input type="checkbox"/> | | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | |
| Tabled To <input type="checkbox"/> | | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | |
| TOWN CLERK APPROVAL <input type="checkbox"/> | | | |